


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>									
1. CONTRACT/PURCH ORDER NO. <b>F34601-02-G-0004</b>		2. DELIVERY ORDER NO. <b>UB8J</b>		3. DATE OF ORDER (YYMMDD) <b>2003 NOV 28</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE03303000008</b>		5. PRIORITY <b>DOA7</b>	
6. ISSUED BY CODE <b>SP0900</b> <b>Defense Supply Center Columbus</b> <b>3990 E.Broad St.</b> <b>P.O. Box 16704</b> <b>Columbus,OH 43216-5010</b> <b>Local Administrator: PCCACGD (614)692-7495 / FAX: (614)692-6929</b> <b>E-mail: Patricia.McMurray@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S0703A</b> <b>DCMA HAMILTON SUNDSTRAND</b> <b>1 HAMILTON RD</b> <b>WINDSOR LOCKS CT 06096-0463</b> <b>CRITICALITY: A</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR CODE <b>73030</b>  <b>HAMILTON SUNDSTRAND CORPORATION</b> <b>ONE HAMILTON ROAD</b> <b>WINDSOR LOCKS CT 06096-1010</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>365 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS				12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>			
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>HQ0337</b> <b>HQ0337 DFAS COLUMBUS CENTER</b> <b>NORTH ENTITLEMENT OPERATIONS</b> <b>P O BOX 182266</b> <b>COLUMBUS OH 43218-2266</b> <b>EFT: T</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <b>offer dated 2003 NOV 24, 171159-Q5</b> and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>EG: 97X4930 5CE0 001 26.0 S33150</b>									
18. ITEM NO.      19. SCHEDULE OF SUPPLIES/SERVICE      20. QUANTITY ORDERED/ACCEPTED*      21. UNIT      22. UNIT PRICE      23. AMOUNT									
<div style="display: flex; justify-content: space-between;"> <div> <b>Remarks:</b>  <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> </div> <div> <b>TOTAL:</b>  <b>10</b> </div> </div>									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				24. UNITED STATES OF AMERICA <b>Aaron Layton</b> BY: 		PCCACFW CONTRACTING/ORDERING OFFICER OTHER NO. _____		25. TOTAL    \$ <b>140.40</b> 29. DIFFERENCE 30. INITIALS	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO.			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	
40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.					

# CONTINUATION SHEET

Order Number:

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Supplies and Packaging - Inspection and Acceptance Address:  
99167

HAMILTON SUNDSTRAND CORPORATION  
DBA HAMILTON SUNDSTRAND AEROSPACE  
4747 HARRISON AVE.  
ROCKFORD IL 61125-7002

Admin Office for Supplies and Packaging:  
S1403A

S1403A DCMA CHICAGO  
1523 WEST CENTRAL ROAD, BLDG. 203

ARLINGTON HEIGHTS, IL 60005-2451

INSPECTION/ACCEPTANCE SHALL BE AT CONTRACTOR'S FACILITY: ROCKFORD, ILL.

QUANTITY VARIANCE SHALL BE LIMITED TO INCREASE/DECREASE: 10%.

ALL TERMS AND CONDITIONS OF CITED BOA APPLY.

## CONTINUATION SHEET

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## SECTION B

PR YPE03303000008  
NSN 5962-01-221-1053

## ITEM DESCRIPTION:

MICROCIRCUIT, LINEAR

HAMILTON SUNDSTRAND CORPORATION (73030) P/N E8071/211A1012

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03303000008	0001	10	EA	<u>\$14.04000</u>	<u>\$140.40</u>

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
UNIT CONT = XX: OPI = M:  
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:  
PACK CODE = Q: PACKING LEVEL = B:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BCl.

DELIVER FOB: ORIGIN BY: 2004 NOV 27

## PARCEL POST ADDRESS:

FMS REQ'T  
CONTACT TRANS OFFICE AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) PGRP5Z31639005 XXX  
RDD CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ TP 1  
SUP ADD PA5JBI SIG L

CONTINUED ON NEXT PAGE

SECTION B

FOR GOVERNMENT USE ONLY: IPD 03

DIC A01 DIST F9N ADV 2L FC 48

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REMIT PAYMENT TO:

HAMILTON SUNDSTRAND  
DEPT. AT 40227  
ATLANTA GA 31192-0227

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